

Combination Trial: Goals

- **Determine the highest non toxic combination**
- **Evaluate synergy at optimal dosage and in dose response**
- **Determine combination toxicity index and host recovery time**

Combination Trial: Design

Three arms dose response study

- Use 3 to 4 groups for each single agents
- Use 6 to 10 groups for the combination

Top dosage should be selected to produce an LD20 or greater.

- Tumors and drug should be injected by different routes
- For each agent, select optimal schedule and optimal route
- Same total treatment duration

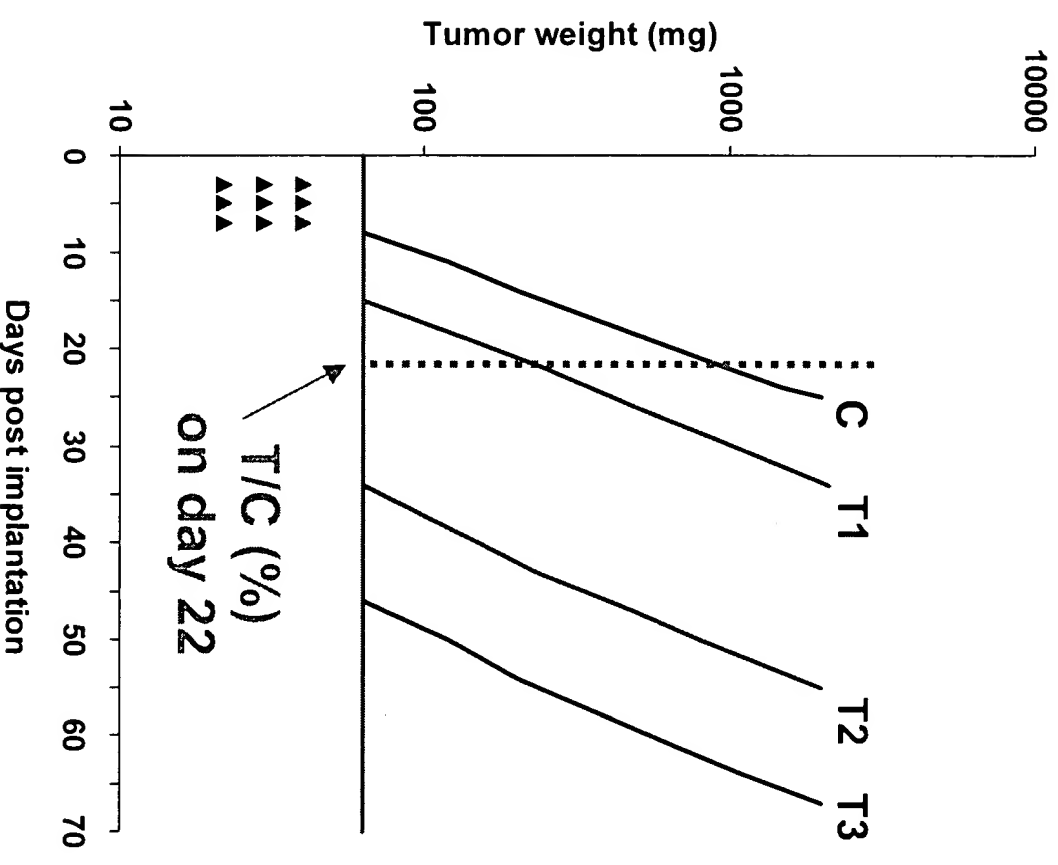
EFFICACY END POINTS (I)

Early stage sc tumor

Tumor growth inhibition

$T/C (\%) = \text{median tumor weight of treated group (T)} / \text{median tumor weight of control group (C)} \times 100$

$T/C > 42 \%$: inactive, $T/C < 10 \%$: high antitumor activity



Efficacy End Points (II)

Advanced sc tumor

Tumor growth delay (T-C) in days: Median time for treated (T) versus control (C) tumor groups to reach a predetermined size.

log cell kill: $(T-C) / [3.32 \times (\text{tumor doubling time})]$

lck < 0.7: inactive,

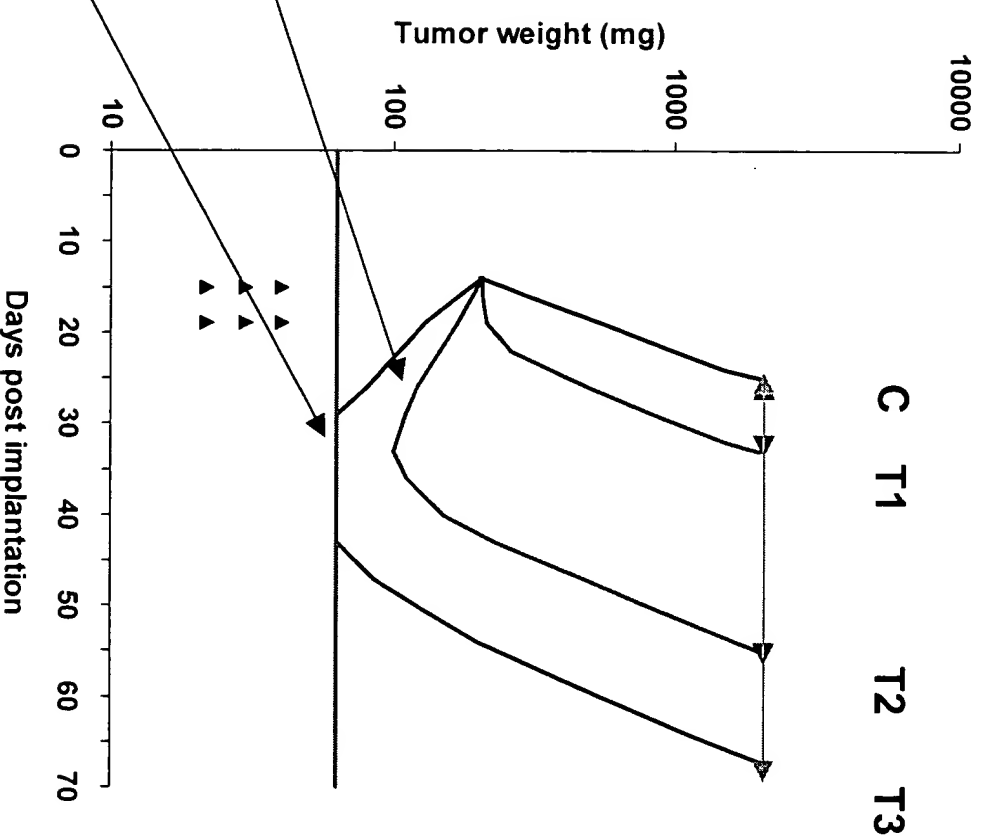
lck greater than or equal 0.7 active,

lck > 2.8: highly active

Response rate:

PR partial regression ($\geq 50\%$)

CR complete regression (below limit of palpation)



Combination – End Points

THERAPEUTIC SYNERGY : if the combination is more active than either agent used alone at the highest non toxic dose

➤ (≥ 1 log above the target log cell kill)

Combination – End Points

- POSSIBLE OUTCOMES: No way to know a priori the combination result
- (1) Activity and Synergism
- (2) Activity and No Synergism
- (3) Antagonism in Activity
- (4) Antagonism and no activity
- Results 1 and 2 are desirable. Results 3 and 4 are undesirable.

POSSIBLE OUTCOMES

- No way to know a priori the combination result
- Thus, one could not have reasonably expected from the prior art the result of cyclopropyl taxane and another anti-cancer agent.
- Practical experiences prove that point
- Note from those experiences:
- With 5-FU, taxotere did better in combination, but with doxo, cyclopropyltaxane did better.